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### **Who We Are?**

Byron's House of Hope (BHH) is a program created by Convicted By Christ, a registered 501c3 non-profit organization specializing in prison and jail ministry.

BHH opened on January 1<sup>st</sup>, 2018 and is recognized by New Mexico Probation and Parole Department as a faith-based, six-month transitional-living program in Farmington, NM.

The program is designed to be Christ-centered and aims to embody the original mission statement of Convicted By Christ Men's Group:

*"As a "band of brothers", Convicted By Christ provides support and accountability to men coming from prison—men working to be free from addictions, past life patterns, and mental instabilities so that these men can integrate back into healthy lives, families and communities. Along with God, Convicted By Christ is here to help men be transformed and break the bondages of whatever "their prison" may be."*

### **Where Are We Located?**

We are located in Farmington, New Mexico in the Northwestern part of the state, commonly referred to as the "Four Corners."

### **How Are We Funded?**

BHH is funded by private donors, organizations, churches, and faith-based grants. BHH does not receive any federal and/or state funding.

### **What Do I Have to Pay?**

Once one is accepted into the program, and initial entry fee of \$750 covers first (3) month's expenses, and after participants secure a job in month 3, a monthly rent of \$350 will be required for months 4-6. (Effective Jan. 1, 2022)

### **What are the Requirements for the Programming?**

All program applicants must have at least 6 months of parole or probation or more to help with accountability. All participants are required to gain full-time employment in month 3. Participants are not allowed to get on disability for a means of employment and/or for financial means to pay monthly rent while in the program.

### **What Does Christ-Centered Mean?**

Living a Christ-centered life means we learn about Jesus Christ and His gospel and then we follow His example written in the Holy Bible.

### **Do I Have to Be A Christian?**

Yes, it is our preference and if you are not, the program would be challenging because everything we do involves Jesus, however that will not stop us from seeing who you are. Under careful consideration we will take anyone who is willing to learn about Jesus and submit to the program rules and requirements.

## What do program participants do?

### Program Outline

#### **Months 1-2**

- Daily Programming starts at 830am to 4pm.
- Mandatory Biblical Classes, Life Skills, Parenting, Financial Planning, and Local Faith-based Support Groups
- Mandatory Support Group and Church Attendance on Sunday's
- Mandatory community service
- Pro-Social Activities (Outdoor outings, trips, activities, or community events)
- After 30 days, participants will begin substance abuse/mental health counseling sessions per "Conditions of Release"
- After 30 days, Approved Family visits may begin on weekends.
- Minor Case management services (Vital documents, application for assistances, Job-readiness)

#### **Months 3-6**

- Job Searching leading to Full Time Employment (No self-employment, odd jobs, and/or under the table pay)
- Mandatory Savings Plan when employment is secured
- Continued Mandatory Attendance of Foundational Support Groups and Church
- Substance Abuse and Mental Health Counseling as determined by counseling agencies
- Pro-Social Activities Optional
- Weekend Day Pass

#### **After Completion of Program**

- BHH Staff, Volunteers, and Admin are always willing to continue support in the transitional process. For example, case management, continued advocacy with APPO if desired, and crisis management.
- Participants are welcomed for continued connection and support in reasonable issues and situations, if participants stay in the area.
- Certain accommodations can be made on a case-by-case basis.
- It is not our intention to leave men hanging after completion of the program.

Remember, we are not a substance abuse or mental health treatment facility. We are focused on being a transitional residence with a daily structured schedule created to assist men in their new life outside of prison. Christian principals form the foundation of the home, which consists of structured support, education, accountability, and community.

*Brian Myers*

**Brian Myers, Executive Director**



<b>PROGRAM USE ONLY</b>	
Receive Date:	_____
Interview Date:	_____
ACCEPTED <input type="checkbox"/>	DENIED <input type="checkbox"/>

**Program Application (Please Print Readably)**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Birth Date: \_\_\_\_\_ Age.: \_\_\_\_\_

NMCD#: \_\_\_\_\_ Projected Release Date: \_\_\_\_\_ Is this a definite date? YES  NO

**Correction Facility Contact Information**

Correction Facility  
Address: \_\_\_\_\_  
*Address Unit/Level*

\_\_\_\_\_ *City State ZIP Code*

Classification  
Officer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Last Home Address**

Last Home  
Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

**Military Service**

Branch: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## Family Information

Marital Status:  Single     Married     Separated     Divorced    Spouse Name: \_\_\_\_\_  
 (Please Circle One)

Do you Have Children?    YES     NO     Domestic Violence Charges?    YES     NO     Is CYFD Involved?    YES     NO     Do your plans include family reunification?    YES     NO

Number of Children: \_\_\_\_\_    Who has custodial rights? \_\_\_\_\_

Child's Name: _____	Age? _____	Sex? (Circle one)	Male	Female
Child's Name: _____	Age? _____	Sex? (Circle one)	Male	Female
Child's Name: _____	Age? _____	Sex? (Circle one)	Male	Female
Child's Name: _____	Age? _____	Sex? (Circle one)	Male	Female
Child's Name: _____	Age? _____	Sex? (Circle one)	Male	Female

Is your relationship with your children on good terms? \_\_\_\_\_  
 (Please Explain): \_\_\_\_\_

## Mental Health and Substance Abuse History

### Substance Abuse Treatment

Have you ever attended Outpatient?    YES     NO     Have you ever attended Inpatient/Residential?    YES     NO

### Mental Health Treatment

Have you ever attended Outpatient?    YES     NO     Have you ever attended Inpatient/Residential?    YES     NO

Our program **DOES NOT ALLOW** the use of **Suboxone**, **Methadone**, and **Medicinal Marijuana** use. Nor do we allow those to be acceptable treatment programs for BHH.

Is that okay with you?    YES     NO

Please list all **past** and **current** mental and/or substance use diagnosis: (i.e., PTSD, ADHD, Bipolar, Anxiety, Depression, etc. and/or Alcohol/Cannabis/Stimulant/Opioid Use Disorder, etc.?)

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Please list all **current** psychotropic medications taken to help you with your diagnosed mental health conditions: (i.e., medication for depression, anxiety, sleep, etc.)

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Please list all the agencies, and/or locations where you received treatment:

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## Physical Health History and Information

Do you have any **chronic medical conditions** that interfere with your life currently?

YES

NO

If yes,  
please  
list: \_\_\_\_\_

If applicable, please list any medications you are taking to treat your chronic medical conditions:

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Do you have any **physical disabilities or limitations** that interfere with your daily life?

YES

NO

If yes,  
please list: \_\_\_\_\_

If applicable, please list any medications and/or equipment you use:

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When was your last  
blood testing?  
Please list date: \_\_\_\_\_

Have you tested  
positive for Hep C,  
HIV, STD, STI,  
TB, etc.?

YES

NO

If yes,  
please  
list: \_\_\_\_\_

Do you have any allergies?  
(Food, medications, animals, seasonal, etc.)

YES

NO

If yes,  
please  
list: \_\_\_\_\_

In your lifetime, have you had any  
major surgeries?

YES

NO

If yes,  
please  
list: \_\_\_\_\_

In your lifetime, were you ever hit on  
the head and lost consciousness or  
were hospitalized?

YES

NO

If yes,  
when? \_\_\_\_\_

Have you ever been physically  
attacked while you were incarcerated?

YES

NO

How many  
times? \_\_\_\_\_

If yes, were you  
hospitalized?

YES

NO

In your lifetime, were you ever diagnosed with a Traumatic Brain Injury (TBI)?

YES

NO

In your lifetime, were you ever physically, sexually, or emotionally abused?

YES

NO

Is there any addition information you would like us to know about your physical health or wellbeing?

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## Legal and Criminal History

Date of Arrest: \_\_\_\_\_ How long have you been incarcerated? From: \_\_\_\_\_ To: \_\_\_\_\_

How long will you be on parole? From: \_\_\_\_\_ To: \_\_\_\_\_

Are you a sex offender? YES  NO  Is there anything that would cause you to have to register as a sex offender? YES  NO

Do you have any outstanding charges and/or warrants? YES  NO  If yes, what are they? \_\_\_\_\_  
Federal/State and/or County? \_\_\_\_\_

Is this your first time in prison? YES  NO  If no, how many times have you been in prison? \_\_\_\_\_ Location(s): \_\_\_\_\_

Starting from your most recent, please list all your charges, arrests, and convictions:

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Why are you incarcerated now? What are your charges?

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What is your account of the events that led to your current arrest/situation?  
(Please provide details and use another page if you need additional space)

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### Disciplinary Actions While Incarcerated

Have you had any disciplinary actions and/or reports during your incarceration? YES  NO

If yes, what was the issue and the outcome?

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## Education and Employment

Last grade completed: \_\_\_\_\_ Did you graduate? YES  NO  If no, GED? YES  NO

If no, are you okay with being encouraged to get your GED? YES  NO

Have you taken any college courses and/or trade schools? YES  NO  Courses taken and/or school attended: \_\_\_\_\_

Please list any skills you have that you think may help you get a job (i.e., Licenses, certificates, etc.)

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Please list important jobs you have had in the past 10 years (Start with most recent):

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What are your future goals as far as obtaining and maintaining employment?

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## Religious Affiliation and Involvement

What is your current religious faith, church, and/or denomination? \_\_\_\_\_ How long? \_\_\_\_\_  
(i.e., Non-denominational, Pentecostal, Baptist, Apostolic, Catholic, etc.)

Baptized? YES  NO

Please explain your spirituality and the role God plays in your life:

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Please comment briefly on who Jesus Christ is to you:

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Have you done the Isaiah 42:16 Ministries Bible Study? YES  NO  If no, would you be willing to do the study in the meantime? YES  NO

What other type of Biblical studies, courses, or classes have you done? \_\_\_\_\_

Are you currently actively involved in any church programming, prison ministry, and/or Bible study groups? YES  NO  Name of program, ministry, and/or group: \_\_\_\_\_

Please share what you do in the programs, ministry, and/or group you are a part of:

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## Self-Help Group Involvement

Please indicate any type of other self-help groups you are involved with or self-development programs, whether they be through attendance, letter writing, and or studies.

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## References

Please list at least 2 references. **NO FAMILY MEMBERS**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Job Title \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Job Title \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known \_\_\_\_\_

## Additional Information

Please share any other information you think may be important for us to know about you and your past struggles that may help us in our decision process. Please be honest and open about yourself

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## RELEASE OF INFORMATION

I, \_\_\_\_\_, authorize New Mexico Corrections Department

First and last name

TO RELEASE THE FOLLOWING INFORMATION TO:

Byron's House of Hope Transitional Program

### Information To Be Released By Institution

**ATTENTION:**

**Please give this form to your Institutional representative (Case Manager, Classification Officer, etc.) and allow them to release whatever information is available.**

**NMCD CASE WORKER/REPRESENTATIVE:**

**Please release the following applicant's information that you have:**

Please Check the boxes for the following Information available:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Reports of Progress & Compliance                   | <input type="checkbox"/> Medical History                               | <input type="checkbox"/> Substance Abuse Treatment History |
| <input type="checkbox"/> Substance abuse & Mental Health Assessment/History | <input type="checkbox"/> Any Program Certificates during Incarceration | <input type="checkbox"/> Other: _____                      |

Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_

Representative Signature: \_\_\_\_\_

### Information On Rights and Acknowledgement Section

Failure to release any of the above information may hinder the selection process.

All information released will be used only to help determine the applicant's selection process and if the applicant is accepted, information will be protected and secured by the program, until completion of the program, or when requested by the applicant.

We understand and will honor all federal and state laws pertaining to storage and use of confidential information. However, we are not liable for any privacy breach in the delivery of U.S. Mail and/or technological communication networks that are used to send or receive private information.

### Applicant's Name and Signature

**I understand that the above information and accept all responsibility written in the Release of Information document and my signature below affirms this.**

Print Name

Signature

Date



## AUTHORIZATION TO RELEASE INFORMATION

**I understand that people from the faith community involved with BHH need to have information about me in order to determine whether they will be able to assist me.**

**I give permission for the BHH Executive Director and/or his designee(s) to discuss the following issues about me with others in the corrections (jail/prison) staff and parole or probation officers. *This information may or may not include my name, age, family situation, current and prior criminal convictions, my participation, and progress in all programs I have been or am involved in (work release, support system, goals and needs, and any other pertinent information needed to determine acceptance to BHH or continued participation).***

**I authorize the release of my classification/case management file information, education file, substance abuse records, medical and mental health/psychiatric record information, as well as my probation and parole plan to the BHH Executive Director and/or his designee(s). I understand that all the information will be used to determine eligibility for acceptance and/or continued participation at BHH.**

**I understand that the staff of BHH, or designee(s) will share pertinent information about me with my prospective mentor(s), volunteers/members of the BHH, selection committee and I understand that said individuals will also be allowed to read my application and letters of recommendation or progress reports.**

**Confidential Information protected by Federal and State laws will only be made available to BHH Administration and staff, and others who understand the confidentiality laws.**

### Applicant's Name and Signature

**I understand that the above information and accept all responsibility written in the Authorization to Release of Information document and my signature below affirms this.**

Print Name

Signature

Date

